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**CHC of Middletown**

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**Franklin Street CHC**

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**www.chc1.com****Facebook/CHCInc****Twitter/@CHCConnecticut)****Members of the Public Health Committee:**

Good afternoon. I am Dr. Daren Anderson, and I am the VP/Chief Quality Officer of the Community Health Center, Inc. Thank you for the opportunity to speak in support of Raised Bill 6391. I also bring the regrets of Dr. Margaret Flinter, CHC's Sr. VP and Clinical Director and a family nurse practitioner who cannot be here today to speak in support of this bill, but she has submitted written testimony.

My background has provided me ample opportunity to practice and collaborate with many nurse practitioners. I have practiced medicine as a primary care internist for more than 14 years in Connecticut. I joined the Community Health Center as a primary care physician in 1998 following my residency at Yale. I later served as CHC's Chief Medical Officer, then served as the Director of Primary Care for the VA Connecticut Healthcare System, and returned to CHC in 2011 as the organization's first Chief Quality Officer. I continue to see patients in our CHC of Waterbury site, but my primary role is the continuous improvement and transformation of primary care, particularly for the vulnerable populations served by community health centers.

Nurse practitioners practice in many different capacities at CHC, Inc. Some are assigned full time to our school based health centers. Some specialize in psychiatry, HIV, or women's health. Most are primary care providers for a diverse panel of patients. In every situation, they are fully vetted prior to hire through a rigorous credentialing process. They are privileged and appointed, and re-privileged and re-appointed only on the basis of high performance in the delivery of safe, high quality, effective care. That is the standard to which we need to hold all of our licensed independent providers in health care.

I have reviewed the "Plain Language Description of the Request" that was submitted to the Department of Public Health last fall that made a clear and compelling case for the change in language sought in Raised Bill 6391. The Request presented evidence based support for the safety and quality of care provided by APRNs across the country, and supporting data showing that this is equally true in the nineteen states in which there are no such requirements.

In today's practice environment, every primary care clinician, whether an APRN or an MD—needs to consult and collaborate with other providers and disciplines, in primary care, specialty care, nursing and pharmacy to name only a few. This is the nature of practice today. We do so by phone, video, or in person. However, the requirement for a written collaborative agreement with a single provider simply does not make sense in today's practice environment nor does it make a meaningful contribution to safety or quality.



*Serving underserved and uninsured patients at Connecticut's largest network of community health centers.*

We are developing a transformative model for the delivery of primary care using the latest in technology and evidence based patient centered care at the Community Health Center, Inc. Nurse practitioners/advanced practice RNs are an essential part of that transformation and the scope of practice statutes regulating their practice should reflect their essential role as licensed independent providers. It is time to make this modest change to the language of the statutes and to bring Connecticut to the fore as a leader and a state of “first choice “for nurse practitioner practice.

Thank you.

Daren Anderson, MD  
VP / Chief Quality Officer